

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

RECEIVED

By Carol Day at 4:07 pm, May 19, 2014

INTOX EC/IR II MAINTENANCE REPORT

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	O, -11 11 MIII 111				REPORT #
Complete this report at	the time of the regu	ılar monthly preventive ma	intenance check (no	ot to exceed 35	
into complete this rep	ort whenever the ins	strument is serviced or rep	paired and whenever	it is placed	
INTOX EC/IR II SN	original and send a	a copy within 15 days to the			
12707	NAME OF A	•	DATE OF INSPECTIO	N	
LOCATION OF INSTRUMENT (STR		orings Police Dept	05/10/2014		
		_	TIME OF INSPECTIO	N	
1304 W. MAIN ST. Blue			20:48 CDT		
catchlighed limits (Wwi	in the box by each i	tem if found to be satisfa	ctory or is operat	ing within	
before using instrument.	te in observed value	s where determined). Unma	rked items must be	corrected	
X DIAGNOSTIC RECORD					
land	·				
X BLANK CHECK		X CO2 CHECK			
X FC 1 TEMP		X FLOW CHECK			
X SRC TEMP		X FCB CHECK			
X DET TEMP		X CRC COMP CH	FCK		
X BT TEMP					
X STD 2 TEMP		X CRC CAL CHE	CK		
		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURA	CY STANDARDS				
SIMULATOR SOLUTION		X COMPRESSED	ETHANOL-GAS MIXT	IRE	
X STANDARD SUPPLIER	Intoximeters	LOT# AG322402	EXP. DATE 08/12/2015		
SIMULATOR TEMP (34°C	· · · · · · · · · · · · · · · · · · ·				/2015
	1012 07	SIMULATOR S/N	SIMULATOR EXP	DATE	
) IS TO BE USED PER MAIN			
X 0.10% STANDARD - Mi 0.08% STANDARD - Mi	ACHED) UST READ BETWEEN 0 UST READ BETWEEN 0	Mark the box corresp 0.095% AND 0.105% INCLUS 0.076% AND 0.084% INCLUS 0.038% AND 0.042% INCLUS	SIVE SIVE		
rest 1 " 0.101 g/210L	TEST 2 0.101 g/210L TEST 3 0.100 g/210L TEST 3 0.100) g/210L	
INDICATE THE NUMBER OF	BREATH TESTS IN T	HE FOLLOWING RANGES SIN	I CR THR LAST MAIN	TENANCE DEDO	om .
			or ind their main	IDMANCE REFUE	(1;
REFUSALS 0 004	0 .0509	0 .1014 0	.1519 0	OVER .19	0
IST ANY NEW PARTS AND DESCRI	BE ANY ALTERATION OR MO	DIFICATION THAT WAS MADE TO P	ESTORE THE INSTRUMENT	TO ODGENTE	
ATISFACTORILY AND WITHIN EST	ABLISHED LIMITS (USE OT	HER SIDE IF NECESSARY).			
INSPECTING OFFICER					
IGNATURE 2 4	The state of the s	PRINT FULL NAME	and the section of th		
- R.W. Sardian		GONDRAN, RONA	GONDRAN, RONALD		
YPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER			
30185	09/04/2015	(816)228-0150)		
ETURN COMPLETED RE	ם שנים ב				
	·				
reach Alcohol Progra	m, Missouri Depa	artment of Health and	Senior Service	es,	
outneast District Of	fice, 2875 James	Blvd, Poplar Bluff,	MO 63901		i



Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

Certificate of Analysis

Customer Name Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Test Date: 13-Aug-2013

Lot # AG322402

Exp. Date 12-Aug-2015 Cyl. Type 108 Component Ethanol Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Nitrogen

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	<u>Concentration</u>	<u>Serial No.</u>	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010562 EB0010579	104.9 ppm 52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2013.08.13 14:31:53 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Analyst:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01